

## **Application Data Sheet**

### **Application Information**

Application Type::	Regular
Subject Matter::	Utility
Suggested Classification::	
Suggested Group Art Unit::	
CD-ROM or CD-R?::	None
Number of CD disks::	
Number of Copies of CDs::	
Sequence Submission?::	None
Computer Readable Form (CRF)::	No
Number of copies of CRF::	0
Title::	APPARATUS FOR FEEDING FLAT ITEMS
Attorney Docket Number::	2001P14162WOUS
Request for Early Publication?::	No
Request for Non-Publication?::	No
Suggested Drawing Figure::	1
Total Drawing Sheets::	2
Small Entity?::	No
Latin Name::	
Variety Denomination Name::	
Petition Included?::	No
Petition Type::	
Licensed US Gov't Agency::	
Contract or Grant Numbers::	
Secrecy Order in Parent Appl.?::	No

**Applicant Information**

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: ERICH  
Middle Name::  
Family Name:: GROEGOR  
City of Residence:: KONSTANZ  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: HANSEGARTENSTRASSE  
6  
City of Mailing Address:: KONSTANZ  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 78464

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: GERHARD  
Middle Name::  
Family Name:: OBIER  
City of Residence:: BERLIN  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: GAUDYSTRASSE  
8  
City of Mailing Address:: BERLIN  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 10437

Applicant Authority Type:: Inventor  
Primary Citizenship Country:: GERMANY  
Status:: Full Capacity  
Given Name:: HOLGER  
Middle Name::  
Family Name:: SCHERERZ  
City of Residence:: REHFELDE  
State or Province of  
Residence::  
Country of Residence:: GERMANY  
Street of Mailing Address:: MARIENBERGSTRASSE  
34  
City of Mailing Address:: REHFELDE  
State or Province of Mailing Address::  
Country of Mailing Address:: GERMANY  
Postal or Zip Code of Mailing Address:: 15345

Applicant Authority Type:: Inventor  
Primary Citizenship Country::  
Status:: Full Capacity  
Given Name::  
Middle Name::  
Family Name::  
City of Residence::  
State or Province of  
Residence::  
Country of Residence::  
Street of Mailing Address::  
  
City of Mailing Address::  
State or Province of Mailing Address::  
Country of Mailing Address::

Postal or Zip Code of Mailing Address::

Applicant Authority Type:: Inventor

Primary Citizenship Country::

Status:: Full Capacity

Given Name::

Middle Name::

Family Name::

City of Residence::

State or Province of

Residence::

Country of Residence::

Street of Mailing Address::

City of Mailing Address::

State or Province of Mailing Address::

Country of Mailing Address::

Postal or Zip Code of Mailing Address::

**Correspondence Information**

Correspondence Customer 28204

Number::

**Representative Information**

Representative Customer	28204
Number::	

**Domestic Priority Information**

Application::	Continuity Type::	Parent Application::	Parent Filing Date::
This application	Continuation of	PCT/DE02/02882	6/8/02

**Foreign Priority Information**

Country::	Application Number::	Filing Date::	Priority Claimed::
DE	101 39 231.1	8/9/01	Yes

**Assignment Information**

Assignee Name:: SIEMENS AG

Street of Mailing Address:: P.O.Box 16 22 34

City of Mailing Address:: MUNICH

State or Province of Mailing Address::

Country of Mailing Address:: GERMANY

Postal or Zip Code of Mailing Address:: 80506